

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>11-21-96</u>		2 Serial/Patent # <u>08/327,092</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input type="checkbox"/>	Filing			\$						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input checked="" type="checkbox"/>	Petition	<u>7</u>	<u>10-4-96</u>	\$ <u>20.00</u>						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ <u>20.00</u>						
		8 TO BE REFUNDED BY:								
		<input type="checkbox"/> Treasury Check								
		<input checked="" type="checkbox"/> Credit Deposit A/c #:								
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">3</td> </tr> </table>			1	1	--	1	5	3
1	1	--	1	5	3					
10 REASON:										
<input checked="" type="checkbox"/>	Overpayment									
<input type="checkbox"/>	Duplicate Payment									
<input type="checkbox"/>	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Daryl Smith</u>		TITLE: <u>VP</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>3059282</u>								
OFFICE: <u>Ofc. of Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****										
APPROVED: <u>[Signature]</u>		DATE: <u>12-5-96</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**